

**B1 (Official Form 1) (4/10)**

<b>United States Bankruptcy Court Western District of Oklahoma</b>						<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>Mires, William Douglas</b>				Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Mires, Carla Jo</b>			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>8481</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>3379</b>			
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>13524 Deer Creek Piedmont, OK</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>13524 Deer Creek Piedmont, OK</b>			
ZIPCODE <b>73078</b>				ZIPCODE <b>73078</b>			
County of Residence or of the Principal Place of Business: <b>Canadian</b>				County of Residence or of the Principal Place of Business: <b>Canadian</b>			
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):							
ZIPCODE							
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  		<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,343,300 ( <i>amount subject to adjustment on 4/01/13 and every three years thereafter</i> ). ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).					
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							<b>THIS SPACE IS FOR COURT USE ONLY</b>
<b>Estimated Number of Creditors</b> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Mires, William Douglas & Mires, Carla Jo****Prior Bankruptcy Case Filed Within Last 8 Years** (If more than two, attach additional sheet)Location  
Where Filed: **None**

Case Number:

Date Filed:

Location  
Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**None**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.

**X /s/ Teresa D. Gerber****8/06/10**

Signature of Attorney for Debtor(s)

Date

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord or lessor that obtained judgment)

(Address of landlord or lessor)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Mires, William Douglas & Mires, Carla Jo****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ William Douglas Mires

Signature of Debtor

**William Douglas Mires**

**X** /s/ Carla Jo Mires

Signature of Joint Debtor

**Carla Jo Mires**

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

**August 6, 2010**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_

Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Attorney\***

**X** /s/ Teresa D. Gerber

Signature of Attorney for Debtor(s)

**Teresa D. Gerber 21676  
McBride & Assoc, P.C.  
3035 Northwest 63rd St. Ste 229  
Oklahoma City, OK 73116  
(405) 842-7626 Fax: (405) 842-0787  
teresa@okcriminal.com**

**August 6, 2010**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_

Signature of Authorized Individual

\_\_\_\_\_  
Printed Name of Authorized Individual

\_\_\_\_\_  
Title of Authorized Individual

\_\_\_\_\_  
Date

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

\_\_\_\_\_  
Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

B1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court  
Western District of Oklahoma**

IN RE:

Case No. \_\_\_\_\_

Mires, William Douglas

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ William Douglas Mires

Date: August 6, 2010

Certificate Number: 02542-OKW-CC-011876431



02542-OKW-CC-011876431

## CERTIFICATE OF COUNSELING

I CERTIFY that on August 3, 2010, at 11:59 o'clock PM CDT, William D Mires received from Consumer Credit Counseling Service of Central Oklahoma, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Western District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: August 4, 2010 By: /s/Jon Vickers

Name: Jon Vickers

Title: Certified Consumer Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

B1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court  
Western District of Oklahoma**

IN RE:

Case No. \_\_\_\_\_

Mires, Carla Jo

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Carla Jo Mires

Date: August 6, 2010

Certificate Number: 02542-OKW-CC-011867184



02542-OKW-CC-011867184

## CERTIFICATE OF COUNSELING

I CERTIFY that on August 2, 2010, at 11:59 o'clock PM CDT, Carla J Mires received from Consumer Credit Counseling Service of Central Oklahoma, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Western District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: August 3, 2010 By: /s/Jon Vickers

Name: Jon Vickers

Title: Certified Consumer Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).



**WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2**

## UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### **1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

##### **Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your



discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.**

**United States Bankruptcy Court  
Western District of Oklahoma**

**IN RE:**

Case No. \_\_\_\_\_

**Mires, William Douglas & Mires, Carla Jo**Chapter **7**

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Mires, William Douglas & Mires, Carla Jo**

Printed Name(s) of Debtor(s)

**X /s/ William Douglas Mires**

Signature of Debtor

**8/06/2010**

Date

Case No. (if known) \_\_\_\_\_

**X /s/ Carla Jo Mires**

Signature of Joint Debtor (if any)

**8/06/2010**

Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**B22A (Official Form 22A) (Chapter 7) (04/10)**

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises  
☒ The presumption does not arise  
☐ The presumption is temporarily inapplicable.

In re: Mires, William Douglas & Mires, Carla Jo

Debtor(s)

Case Number: \_\_\_\_\_

(If known)

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

### Part I. MILITARY AND NON-CONSUMER DEBTORS

<b>1A</b>	<p><b>Disabled Veterans.</b> If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Veteran's Declaration.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
<b>1B</b>	<p><b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>
<b>1C</b>	<p><b>Reservists and National Guard Members; active duty or homeland defense activity.</b> Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <p style="margin-left: 40px;">a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <p style="margin-left: 80px;"><input type="checkbox"/> I remain on active duty /or/</p> <p style="margin-left: 80px;"><input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;</p> <p style="margin-left: 40px;">OR</p> <p style="margin-left: 40px;">b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/</p> <p style="margin-left: 80px;"><input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p>

**B22A (Official Form 22A) (Chapter 7) (04/10)****Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

2	<p><b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p> <p>d. <input checked="" type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p>				
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		<b>Column A Debtor's Income</b>	<b>Column B Spouse's Income</b>	
3	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>		\$ 5,416.67	\$ 3,937.51	
4	<p><b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b></p>			\$	\$
	a. Gross receipts	\$			
	b. Ordinary and necessary business expenses	\$			
	c. Business income	Subtract Line b from Line a			
5	<p><b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b></p>			\$	\$
	a. Gross receipts	\$			
	b. Ordinary and necessary operating expenses	\$			
	c. Rent and other real property income	Subtract Line b from Line a			
6	<b>Interest, dividends, and royalties.</b>		\$	\$	
7	<b>Pension and retirement income.</b>		\$	\$	
8	<p><b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.</p>		\$	\$	
9	<p><b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p>			\$	\$
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____		

**B22A (Official Form 22A) (Chapter 7) (04/10)**

10	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.			
	a.		\$	
	b.		\$	
	Total and enter on Line 10		\$	\$
11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$ 5,416.67	\$ 3,937.51
12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		\$ 9,354.18	
<b>Part III. APPLICATION OF § 707(B)(7) EXCLUSION</b>				
13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.			\$ 112,250.16
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>Oklahoma</u> b. Enter debtor's household size: <u>6</u>			\$ 76,816.00
15	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input checked="" type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.			

**Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)**

<b>Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)</b>				
16	Enter the amount from Line 12.			\$ 9,354.18
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.			
	a.		\$	
	b.		\$	
	c.		\$	
	Total and enter on Line 17.			\$
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.			\$ 9,354.18
<b>Part V. CALCULATION OF DEDUCTIONS FROM INCOME</b>				
<b>Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)</b>				
19A	<b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)			\$ 1,895.00

**B22A (Official Form 22A) (Chapter 7) (04/10)**

<b>19B</b>	<p><b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">Household members under 65 years of age</th> <th colspan="3" style="text-align: left; padding: 2px;">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; padding: 2px;">a1.</td><td style="width: 75%; padding: 2px;">Allowance per member</td><td style="width: 20%; text-align: right; padding: 2px;"><b>60.00</b></td> <td style="width: 5%; padding: 2px;">a2.</td><td style="width: 75%; padding: 2px;">Allowance per member</td><td style="width: 20%; text-align: right; padding: 2px;"><b>144.00</b></td> </tr> <tr> <td style="padding: 2px;">b1.</td><td style="padding: 2px;">Number of members</td><td style="text-align: right; padding: 2px;"><b>6</b></td> <td style="padding: 2px;">b2.</td><td style="padding: 2px;">Number of members</td><td style="text-align: right; padding: 2px;"><b>0</b></td> </tr> <tr> <td style="padding: 2px;">c1.</td><td style="padding: 2px;">Subtotal</td><td style="text-align: right; padding: 2px;"><b>360.00</b></td> <td style="padding: 2px;">c2.</td><td style="padding: 2px;">Subtotal</td><td style="text-align: right; padding: 2px;"><b>0.00</b></td> </tr> </tbody> </table>	Household members under 65 years of age			Household members 65 years of age or older			a1.	Allowance per member	<b>60.00</b>	a2.	Allowance per member	<b>144.00</b>	b1.	Number of members	<b>6</b>	b2.	Number of members	<b>0</b>	c1.	Subtotal	<b>360.00</b>	c2.	Subtotal	<b>0.00</b>	\$ <b>360.00</b>
Household members under 65 years of age			Household members 65 years of age or older																							
a1.	Allowance per member	<b>60.00</b>	a2.	Allowance per member	<b>144.00</b>																					
b1.	Number of members	<b>6</b>	b2.	Number of members	<b>0</b>																					
c1.	Subtotal	<b>360.00</b>	c2.	Subtotal	<b>0.00</b>																					
<b>20A</b>	<p><b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).</p>	\$ <b>496.00</b>																								
<b>20B</b>	<p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr> <td style="width: 5%; padding: 2px;">a.</td><td style="width: 60%; padding: 2px;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 35%; text-align: right; padding: 2px;">\$ <b>923.00</b></td> </tr> <tr> <td style="padding: 2px;">b.</td><td style="padding: 2px;">Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td style="text-align: right; padding: 2px;">\$ <b>4,092.30</b></td> </tr> <tr> <td style="padding: 2px;">c.</td><td style="padding: 2px;">Net mortgage/rental expense</td><td style="padding: 2px;">Subtract Line b from Line a</td> </tr> </tbody> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ <b>923.00</b>	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ <b>4,092.30</b>	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$															
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ <b>923.00</b>																								
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ <b>4,092.30</b>																								
c.	Net mortgage/rental expense	Subtract Line b from Line a																								
<b>21</b>	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>	\$																								
<b>22A</b>	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0   <input type="checkbox"/> 1   <input checked="" type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ <b>478.00</b>																								
<b>22B</b>	<p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$																								



**B22A (Official Form 22A) (Chapter 7) (04/10)**

23	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b></p> <table border="1" data-bbox="191 401 1328 562"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> <td><b>496.00</b></td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td>\$</td> <td></td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a</td> <td></td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	<b>496.00</b>	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$		c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a		\$ <b>496.00</b>
a.	IRS Transportation Standards, Ownership Costs	\$	<b>496.00</b>											
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$												
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a												
24	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b></p> <table border="1" data-bbox="191 785 1328 947"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs, Second Car</td> <td>\$</td> <td><b>496.00</b></td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td>\$</td> <td></td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a</td> <td></td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	<b>496.00</b>	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$		c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a		\$ <b>496.00</b>
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	<b>496.00</b>											
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$												
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a												
25	<p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>	\$ <b>1,822.76</b>												
26	<p><b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b></p>	\$ <b>216.67</b>												
27	<p><b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b></p>	\$												
28	<p><b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 44.</b></p>	\$												
29	<p><b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$												
30	<p><b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare — such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b></p>	\$												
31	<p><b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b></p>	\$ <b>130.00</b>												
32	<p><b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service — such as pagers, call waiting, caller id, special long distance, or internet service — to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b></p>	\$												
33	<p><b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.</p>	\$ <b>6,390.43</b>												

**B22A (Official Form 22A) (Chapter 7) (04/10)****Subpart B: Additional Living Expense Deductions****Note: Do not include any expenses that you have listed in Lines 19-32**

34	<p><b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1" data-bbox="191 327 1172 466"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 34</p> <p><b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below:</p> <p>\$ _____</p>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	<p>\$</p>
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
35	<p><b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.</p>	<p>\$</p>									
36	<p><b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.</p>	<p>\$</p>									
37	<p><b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b></p>	<p>\$</p>									
38	<p><b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b></p>	<p>\$</p>									
39	<p><b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b></p>	<p>\$</p>									
40	<p><b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).</p>	<p>\$</p>									
41	<p><b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40</p>	<p>\$</p>									

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**B22A (Official Form 22A) (Chapter 7) (04/10)****Subpart C: Deductions for Debt Payment**

<b>42</b>	<p><b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td><b>Bac Home Loans Servi</b></td> <td><b>Residence</b></td> <td>\$ <b>4,092.30</b></td> <td><input checked="" type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td> <td colspan="2"></td> </tr> </tbody> </table>				Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.	<b>Bac Home Loans Servi</b>	<b>Residence</b>	\$ <b>4,092.30</b>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	Total: Add lines a, b and c.					<b>\$ 4,092.30</b>
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																									
a.	<b>Bac Home Loans Servi</b>	<b>Residence</b>	\$ <b>4,092.30</b>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no																									
b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																									
c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																									
Total: Add lines a, b and c.																													
<b>43</b>	<p><b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td> <td></td> </tr> </tbody> </table>				Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$	b.			\$	c.			\$	Total: Add lines a, b and c.				<b>\$</b>					
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																										
a.			\$																										
b.			\$																										
c.			\$																										
Total: Add lines a, b and c.																													
<b>44</b>	<p><b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b></p>			<b>\$</b>																									
<b>45</b>	<p><b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 55%;">Projected average monthly chapter 13 plan payment.</td> <td style="width: 40%;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of chapter 13 case</td> <td>Total: Multiply Lines a and b</td> </tr> </tbody> </table>			a.	Projected average monthly chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	X	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	<b>\$</b>																
a.	Projected average monthly chapter 13 plan payment.	\$																											
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	X																											
c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b																											
<b>46</b>	<p><b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.</p>			<b>\$ 4,092.30</b>																									
<b>Subpart D: Total Deductions from Income</b>																													
<b>47</b>	<p><b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.</p>			<b>\$ 10,482.73</b>																									

**B22A (Official Form 22A) (Chapter 7) (04/10)****Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION**

48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$	<b>9,354.18</b>
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$	<b>10,482.73</b>
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$	<b>0.00</b>
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$	<b>0.00</b>
52	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 51 is less than \$7,025*.</b> Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$11,725*.</b> Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> <b>The amount on Line 51 is at least \$7,025*, but not more than \$11,725*.</b> Complete the remainder of Part VI (Lines 53 through 55).		
53	Enter the amount of your total non-priority unsecured debt	\$	
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$	
55	<b>Secondary presumption determination.</b> Check the applicable box and proceed as directed. <input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.		

**Part VII. ADDITIONAL EXPENSE CLAIMS**

56	<b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.		
		Expense Description	Monthly Amount
	a.		\$
	b.		\$
	c.		\$
	Total: Add Lines a, b and c		\$

**Part VIII. VERIFICATION**

57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i>	
	Date: <b>August 6, 2010</b>	Signature: <u>/s/ William Douglas Mires</u> (Debtor)
	Date: <b>August 6, 2010</b>	Signature: <u>/s/ Carla Jo Mires</u> (Joint Debtor, if any)

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**United States Bankruptcy Court  
Western District of Oklahoma**

**IN RE:**

Case No. \_\_\_\_\_

**Mires, William Douglas & Mires, Carla Jo**Chapter **7**

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **1,250.00**

Prior to the filing of this statement I have received ..... \$ **1,250.00**

Balance Due ..... \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  
**Fee SHALL NOT include representation in the reaffirmation of any debt, including negotiations, preparation of filings, or court proceedings of any nature.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**August 6, 2010**

Date

**/s/ Teresa D. Gerber**

**Teresa D. Gerber 21676  
McBride & Assoc, P.C.  
3035 Northwest 63rd St. Ste 229  
Oklahoma City, OK 73116  
(405) 842-7626 Fax: (405) 842-0787  
teresa@okcriminal.com**

**United States Bankruptcy Court  
Western District of Oklahoma**

**IN RE:**

Case No. \_\_\_\_\_

**Mires, William Douglas & Mires, Carla Jo**Chapter **7**

Debtor(s)

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 250,000.00		
B - Personal Property	Yes	3	\$ 42,000.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 245,538.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	11		\$ 42,614.43	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 6,305.85
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 6,278.00
TOTAL		23	\$ 292,000.00	\$ 288,152.43	



**United States Bankruptcy Court  
Western District of Oklahoma**

**IN RE:**

Case No. \_\_\_\_\_

**Mires, William Douglas & Mires, Carla Jo**Chapter **7**

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ <b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
<b>TOTAL</b>	\$ <b>0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ <b>6,305.85</b>
Average Expenses (from Schedule J, Line 18)	\$ <b>6,278.00</b>
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ <b>9,354.18</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ <b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ <b>0.00</b>
4. Total from Schedule F		\$ <b>42,614.43</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ <b>42,614.43</b>

B6A (Official Form 6A) (12/07)

IN RE Mires, William Douglas & Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
<b>Residence</b> <b>13524 DeerCreek, Piedmont, OK</b>		<b>J</b>	<b>250,000.00</b>	<b>245,538.00</b>
<b>TOTAL</b>			<b>250,000.00</b>	

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

IN RE Mires, William Douglas &amp; Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>Cash</b>	<b>J</b>	<b>100.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Checking Account F&amp;M Bank</b>	<b>J</b>	<b>500.00</b>
		<b>Checking Account F&amp;M Bank</b>	<b>J</b>	<b>900.00</b>
		<b>Co-owned with Alyssa Welt</b>		
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Household furnishings</b>	<b>J</b>	<b>5,000.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>Books, pictures, etc.</b>	<b>J</b>	<b>500.00</b>
6. Wearing apparel.		<b>Clothing</b>	<b>J</b>	<b>1,000.00</b>
7. Furs and jewelry.		<b>Jewelry</b>	<b>J</b>	<b>1,000.00</b>
8. Firearms and sports, photographic, and other hobby equipment.		<b>Guns</b>	<b>J</b>	<b>500.00</b>
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issue.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>401(k)</b>	<b>H</b>	<b>5,000.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			

B6B (Official Form 6B) (12/07) - Cont.

IN RE Mires, William Douglas &amp; Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>	<b>Child support 100% exempt</b>	<b>J</b>	<b>25,000.00</b>
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.				
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.				
26. Boats, motors, and accessories.	<b>X</b>		<b>J</b>	<b>2,500.00</b>
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
		<b>2003 Chevy Malibu Mileage 90000</b>		

B6B (Official Form 6B) (12/07) - Cont.

IN RE Mires, William Douglas & Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>42,000.00</b>

B6C (Official Form 6C) (04/10)

IN RE Mires, William Douglas &amp; Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$146,450. \*

(Check one box)

☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE A - REAL PROPERTY</u></b>			
Residence 13524 DeerCreek, Piedmont, OK	31 OSA § 1A4	4,462.00	250,000.00
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
Cash	31 OSA § 1A18, 12 OSA 1171.1	100.00	100.00
Checking Account F&M Bank	31 OSA § 1A18, 12 OSA 1171.1	500.00	500.00
Checking Account F&M Bank Co-owned with Alyssa Welt	31 OSA § 1A18, 12 OSA 1171.1	900.00	900.00
Household furnishings	31 OSA § 1A3	5,000.00	5,000.00
Books, pictures, etc.	31 OSA § 1A6	500.00	500.00
Clothing	31 OSA § 1A7	1,000.00	1,000.00
Jewelry	31 OSA § 1A8	1,000.00	1,000.00
Guns	31 OSA § 1A14	500.00	500.00
401(k)	31 OSA § 1A20	5,000.00	5,000.00
Child support 100% exempt	31 OSA § 1A19	25,000.00	25,000.00
2003 Chevy Malibu Mileage 90000	31 OSA § 1A13	2,500.00	2,500.00

\* Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.



B6D (Official Form 6D) (12/07)

IN RE Mires, William Douglas & Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>8091</b> <b>Bac Home Loans Servi</b> <b>450 American St</b> <b>Simi Valley, CA 93065</b>	<b>H</b>	<b>Mortgage account opened 4/07</b> <b>Residence</b>  VALUE \$ <b>250,000.00</b>				<b>245,538.00</b>	
ACCOUNT NO. <b>Baer And Timberlake</b> <b>ATTN Matthew Hudspeth</b> <b>6846 S. Canton Suite 100</b> <b>Tulsa, OK 74136</b>		<b>Assignee or other notification for:</b> <b>Bac Home Loans Servi</b>  VALUE \$					
ACCOUNT NO.		  VALUE \$					
ACCOUNT NO.		  VALUE \$					
Subtotal (Total of this page)						\$ <b>245,538.00</b>	\$
Total (Use only on last page)						\$ <b>245,538.00</b>	\$

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Mires, William Douglas & Mires, Carla Jo

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

B6F (Official Form 6F) (12/07)

IN RE Mires, William Douglas &amp; Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6398</b> <b>Affiliated Anesthesiologists Inc.</b> <b>4200 W. Memorial Suite 703</b> <b>Oklahoma City, OK 73120</b>	<b>J</b>					<b>156.40</b>
ACCOUNT NO. <b>0283</b> <b>American Collection Se</b> <b>3100 Sw 59th St</b> <b>Oklahoma City, OK 73119</b>	<b>H</b>	<b>Open account opened 7/07</b>				<b>698.00</b>
ACCOUNT NO. <b>Oklahoma Cardiovascular Assoc</b>		<b>Assignee or other notification for: American Collection Se</b>				
ACCOUNT NO. <b>0284</b> <b>American Collection Se</b> <b>3100 Sw 59th St</b> <b>Oklahoma City, OK 73119</b>	<b>H</b>	<b>Open account opened 7/07</b>				<b>79.00</b>
Subtotal (Total of this page)						\$ <b>933.40</b>
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

10 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

IN RE Mires, William Douglas &amp; Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Oklahoma Cardiovascular Assoc</b>		<b>Assignee or other notification for: American Collection Se</b>				
ACCOUNT NO. <b>0282</b> <b>American Collection Se</b> <b>Pob 60566</b> <b>Oklahoma City, OK 73146</b>	<b>H</b>	<b>Open account opened 7/07</b>				<b>20.00</b>
ACCOUNT NO. <b>Oklahoma Cardiovascular Assoc</b>		<b>Assignee or other notification for: American Collection Se</b>				
ACCOUNT NO. <b>3103</b> <b>Amex</b> <b>P.o. Box 981537</b> <b>El Paso, TX 79998</b>	<b>H</b>	<b>Open account opened 7/93</b>				<b>9,923.00</b>
ACCOUNT NO. <b>0753</b> <b>Apria Health Care</b> <b>7353 Company Drive</b> <b>Indianapolis, IN 46237</b>	<b>J</b>					<b>113.00</b>
ACCOUNT NO. <b>5998</b> <b>Asset Acceptance Llc</b> <b>Po Box 2036</b> <b>Warren, MI 48090</b>	<b>W</b>	<b>Open account opened 10/07</b>				<b>171.00</b>
ACCOUNT NO. <b>Southwestern Bell Telephone Lp</b>		<b>Assignee or other notification for: Asset Acceptance Llc</b>				

Sheet no. 1 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **10,227.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Total  
\$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Mires, William Douglas &amp; Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2376</b> <b>At The Beach</b> <b>P O Box 827</b> <b>Englewood, CO 80151</b>	<b>J</b>					<b>1,000.00</b>
ACCOUNT NO. <b>7799</b> <b>Baptist Medical Center</b> <b>3300 NW Expressway</b> <b>Oklahoma City, OK 73112</b>	<b>J</b>					<b>0.00</b>
ACCOUNT NO. <b>2761</b> <b>Berlin-wheeler,inc-mo</b> <b>Po Box 463</b> <b>Jefferson City, MO 65102</b>	<b>W</b>	<b>Open account opened 3/09</b>				<b>610.00</b>
ACCOUNT NO. <b>Mercy Health System Oklahoma M</b>		<b>Assignee or other notification for:</b> <b>Berlin-wheeler,inc-mo</b>				
ACCOUNT NO. <b>0934</b> <b>Berlinwh-mo</b> <b>Po Box 463</b> <b>Jefferson City, MO 65102</b>	<b>W</b>					<b>1,150.00</b>
ACCOUNT NO. <b>Med1 02 Mercy Health System Oklahoma</b>		<b>Assignee or other notification for:</b> <b>Berlinwh-mo</b>				
ACCOUNT NO. <b>5451</b> <b>Berlinwh-mo</b> <b>Po Box 463</b> <b>Jefferson City, MO 65102</b>	<b>W</b>					<b>96.00</b>

Sheet no. 2 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,856.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Mires, William Douglas &amp; Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Med1 02 Mercy Health Nw Expressway</b>		<b>Assignee or other notification for: Berlinwh-mo</b>				
ACCOUNT NO. <b>Cathy Christiansen 2933 NW 138th Oklahoma City, OK 73134</b>	<b>J</b>					<b>1,300.00</b>
ACCOUNT NO. <b>7621</b> <b>Cbsa 123 7th Avenue Cntr Stillwater, OK 74074</b>	<b>W</b>	<b>Open account opened 12/09</b>				<b>196.00</b>
ACCOUNT NO. <b>Digestive Disease Specialist</b>		<b>Assignee or other notification for: Cbsa</b>				
ACCOUNT NO. <b>9509</b> <b>Cbsa 123 7th Avenue Cntr Stillwater, OK 74074</b>	<b>H</b>	<b>Open account opened 4/08</b>				<b>148.00</b>
ACCOUNT NO. <b>Specialist Surgery Center</b>		<b>Assignee or other notification for: Cbsa</b>				
ACCOUNT NO. <b>7632</b> <b>Cbsa 123 7th Avenue Cntr Stillwater, OK 74074</b>	<b>W</b>	<b>Open account opened 12/09</b>				<b>73.00</b>

Sheet no. **3** of **10** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,717.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Total  
\$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Mires, William Douglas &amp; Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Digestive Disease Specialist</b>		<b>Assignee or other notification for: Cbsa</b>				
ACCOUNT NO. <b>1734</b> <b>Chase</b>	<b>J</b>	<b>Revolving account opened 10/06</b>				<b>10,155.00</b>
ACCOUNT NO. <b>8886</b> <b>Collection Po Box 9133 Needham, MA 02494</b>	<b>W</b>					<b>65.00</b>
ACCOUNT NO. <b>09 Hollywood Video</b>		<b>Assignee or other notification for: Collection</b>				
ACCOUNT NO. <b>76</b> <b>Contemporary Sports Medicine PO Box 20237 Oklahoma City, OK 73156</b>	<b>J</b>					<b>222.00</b>
ACCOUNT NO. <b>5864</b> <b>Credit Protection Asso 13355 Noel Rd Ste 2100 Dallas, TX 75240</b>	<b>W</b>	<b>Open account opened 5/04</b>				<b>110.00</b>
ACCOUNT NO. <b>Cebridge Connections</b>		<b>Assignee or other notification for: Credit Protection Asso</b>				

Sheet no. **4** of **10** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **10,552.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Total  
\$



B6F (Official Form 6F) (12/07) - Cont.

IN RE Mires, William Douglas &amp; Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1889</b> <b>Deaconess Physical Services, LLC</b> <b>5502 N. Portland Ave.</b> <b>Oklahoma City, OK 73112</b>	<b>J</b>					<b>58.35</b>
ACCOUNT NO. <b>4416</b> <b>Diagnostic Laboratory Of Oklahoma</b> <b>P O Box 1121</b> <b>Southeastern, PA 19398</b>	<b>J</b>					<b>100.00</b>
ACCOUNT NO. <b>8923</b> <b>Franklin Collection Sv</b> <b>2978 W Jackson St</b> <b>Tupelo, MS 38801</b>	<b>W</b>	<b>Open account opened 7/08</b>				<b>128.00</b>
ACCOUNT NO. <b>At T Formerly Sbc</b>		<b>Assignee or other notification for: Franklin Collection Sv</b>				
ACCOUNT NO. <b>Gina Kishur</b> <b>4901 Richmond Square</b> <b>Oklahoma City, OK 73118</b>	<b>J</b>					<b>1,200.00</b>
ACCOUNT NO. <b>9244</b> <b>Jana Ferrell And Assoc</b> <b>1432 W Britton Rd Ste 2</b> <b>Oklahoma City, OK 73114</b>	<b>H</b>	<b>Open account opened 3/10</b>				<b>777.00</b>
ACCOUNT NO. <b>Midfirst Bank</b>		<b>Assignee or other notification for: Jana Ferrell And Assoc</b>				

Sheet no. **5** of **10** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **2,263.35**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Total  
\$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Mires, William Douglas &amp; Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Kenneth Heele, MD</b> <b>10914 Hefner Point #200</b> <b>Oklahoma City, OK 73120</b>	<b>J</b>					<b>2,047.52</b>
ACCOUNT NO. <b>1905</b> <b>Lockhart Morris And Mont</b> <b>833 E Arapaho Rd</b> <b>Richardson, TX 75081</b>	<b>W</b>	<b>Open account opened 10/05</b>				<b>1,029.00</b>
ACCOUNT NO. <b>Us Alert Security</b>		<b>Assignee or other notification for:</b> <b>Lockhart Morris And Mont</b>				
ACCOUNT NO. <b>58</b> <b>Medical</b>	<b>W</b>	<b>Open account opened 1/04</b>				<b>194.00</b>
ACCOUNT NO. <b>1325</b> <b>Mercy Health Center</b> <b>PO Box 504427</b> <b>St Louis, MO 63150</b>	<b>J</b>					<b>52.61</b>
ACCOUNT NO. <b>Berlin Wheeler</b> <b>PO Box 463</b> <b>Jefferson City, MO 65102</b>		<b>Assignee or other notification for:</b> <b>Mercy Health Center</b>				
ACCOUNT NO. <b>0687</b> <b>Mercy Health Network</b> <b>4401 Memorial #140</b> <b>Oklahoma City, OK 73134</b>	<b>J</b>					<b>150.65</b>

Sheet no. **6** of **10** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,473.78**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Mires, William Douglas &amp; Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Mercy Health Systems</b> <b>PO Box 638</b> <b>Paris, TN 38242</b>	<b>J</b>					<b>224.00</b>
ACCOUNT NO. <b>Mercy Health Systems</b> <b>PO Box 269010</b> <b>Oklahoma City, OK 73126</b>	<b>J</b>					<b>301.00</b>
ACCOUNT NO. <b>8461</b> <b>Metro Anesthesia</b> <b>PO Box 18329</b> <b>Oklahoma City, OK 73154</b>	<b>J</b>					<b>98.88</b>
ACCOUNT NO. <b>8404</b> <b>Midland Credit Mgmt</b> <b>8875 Aero Dr</b> <b>San Diego, CA 92123</b>	<b>W</b>	<b>Open account opened 12/07</b>				<b>737.00</b>
ACCOUNT NO. <b>Household Bank</b>		<b>Assignee or other notification for:</b> <b>Midland Credit Mgmt</b>				
ACCOUNT NO. <b>1727</b> <b>Nco Fin/38</b> <b>Pob 13564</b> <b>Philadelphia, PA 19101</b>	<b>H</b>	<b>Open account opened 6/08</b>				<b>331.00</b>
ACCOUNT NO. <b>Oklahoma Heart Hospital</b>		<b>Assignee or other notification for:</b> <b>Nco Fin/38</b>				

Sheet no. 7 of 10 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,691.88**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Mires, William Douglas &amp; Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3065</b> <b>Northwest Anesthesia PC</b> <b>PO Box 26168</b> <b>Oklahoma City, OK 73126</b>	<b>J</b>					<b>451.42</b>
ACCOUNT NO. <b>4101</b> <b>Northwest Institute Of Sports Medicine</b> <b>4200 W. Memorial Road #1001</b> <b>Oklahoma City, OK 73120</b>	<b>J</b>					<b>340.00</b>
ACCOUNT NO. <b>0294</b> <b>Phoenix Physicians Services, Inc.</b> <b>4401 W. Memorial #121</b> <b>Oklahoma City, OK 73134</b>	<b>J</b>					<b>28.12</b>
ACCOUNT NO. <b>0034</b> <b>Physicians Surgery Center</b> <b>5925 NW 139th Street</b> <b>Oklahoma City, OK 73142</b>	<b>J</b>					<b>148.13</b>
ACCOUNT NO. <b>1622</b> <b>Portfolio Recvry And Affil</b> <b>120 Corporate Blvd Ste 1</b> <b>Norfolk, VA 23502</b>	<b>W</b>	<b>Open account opened 4/07</b>				<b>2,250.00</b>
ACCOUNT NO. <b>Midland Credit Management</b>		<b>Assignee or other notification for: Portfolio Recvry And Affil</b>				
ACCOUNT NO. <b>2650</b> <b>Radiology Consultants</b> <b>PO Box 9588</b> <b>Oklahoma City, OK 73143</b>	<b>J</b>					<b>7.00</b>

Sheet no. **8** of **10** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,224.67**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Total  
\$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Mires, William Douglas &amp; Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2599</b> <b>Santiago Reyes MD</b> <b>33616 NW Expressway #330</b> <b>Oklahoma City, OK 73112</b>	<b>J</b>					<b>1,053.86</b>
ACCOUNT NO. <b>6280</b> <b>Silver Collection</b> <b>1234 Nw 30th St</b> <b>Oklahoma City, OK 73118</b>	<b>H</b>	<b>Open account opened 1/10</b>				<b>1,652.00</b>
ACCOUNT NO. <b>Oklahoma Physical Therapy</b>		<b>Assignee or other notification for:</b> <b>Silver Collection</b>				
ACCOUNT NO. <b>Silver Collection Service</b> <b>4045 NW 64th Suite 510</b> <b>Oklahoma City, OK 73116</b>	<b>J</b>					<b>2,461.39</b>
ACCOUNT NO. <b>1553</b> <b>Southwest OK MRI</b>	<b>J</b>					<b>100.00</b>
ACCOUNT NO. <b>Millenium Financial Group</b> <b>5770 NW Expressway #102</b> <b>Oklahoma City, OK 73122</b>		<b>Assignee or other notification for:</b> <b>Southwest OK MRI</b>				
ACCOUNT NO. <b>3945</b> <b>Surgical Specialist, PLLC</b> <b>PO Box 7570</b> <b>Edmond, OK 73083</b>	<b>J</b>					<b>353.10</b>

Sheet no. **9** of **10** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **5,620.35**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Mires, William Douglas &amp; Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7785</b> <b>Tulsa Adjustment Burea</b> <b>1754 Utica Sq # 283</b> <b>Tulsa, OK 74114</b>	<b>W</b>	<b>Unknown account opened 5/08</b>				<b>28.00</b>
ACCOUNT NO. <b>Phoenix Physicians Services</b>		<b>Assignee or other notification for: Tulsa Adjustment Burea</b>				
ACCOUNT NO. <b>2951</b> <b>Tulsa Adjustment Burea</b> <b>1754 Utica Sq # 283</b> <b>Tulsa, OK 74114</b>	<b>W</b>	<b>Unknown account opened 5/09</b>				<b>27.00</b>
ACCOUNT NO. <b>Phoenix Physicians Services</b>		<b>Assignee or other notification for: Tulsa Adjustment Burea</b>				
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. **10** of **10** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **55.00**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Total  
\$ **42,614.43**

B6G (Official Form 6G) (12/07)

IN RE Mires, William Douglas & Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<b>RobCo</b> <b>1885 Piedmont Road</b> <b>Piedmont, OK 73078</b>	<b>Lease on 2009 Jeep Grand Cherokee</b>



B6H (Official Form 6H) (12/07)

IN RE Mires, William Douglas & Mires, Carla Jo

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)

IN RE Mires, William Douglas & Mires, Carla Jo Case No. \_\_\_\_\_  
Debtor(s) (If known)**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status <b>Married</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <b>Daughter</b> <b>Daughter</b> <b>Daughter</b> <b>Daughter</b>	AGE(S): <b>16</b> <b>13</b> <b>13</b> <b>11</b>
EMPLOYMENT: DEBTOR		SPOUSE
Occupation Name of Employer <b>Union Mutual Insurance Co.</b> How long employed <b>7 years</b> Address of Employer <b>PO 720060</b> <b>Oklahoma City, OK 73172</b>		<b>Union Mutual Insurance Co.</b> <b>5 years</b> <b>PO 720060</b> <b>Oklahoma City, OK 73172</b>

**INCOME:** (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ <b>5,000.00</b>	\$ <b>3,634.62</b>
2. Estimated monthly overtime	\$ _____	\$ _____
<b>3. SUBTOTAL</b>	<b>\$ 5,000.00</b>	<b>\$ 3,634.62</b>
<b>4. LESS PAYROLL DEDUCTIONS</b>		
a. Payroll taxes and Social Security	\$ <b>1,218.50</b>	\$ <b>464.05</b>
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (specify) <b>See Schedule Attached</b>	\$ <b>586.22</b>	\$ <b>60.00</b>
	\$ _____	\$ _____
<b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ 1,804.72</b>	<b>\$ 524.05</b>
<b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ 3,195.28</b>	<b>\$ 3,110.57</b>
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)	<b>\$ 3,195.28</b>	<b>\$ 3,110.57</b>
<b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	<b>\$ 6,305.85</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

IN RE Mires, William Douglas & Mires, Carla Jo Case No. \_\_\_\_\_  
Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

	DEBTOR	SPOUSE
Other Payroll Deductions:		
<b>401K</b>	<b>200.00</b>	
<b>HSA</b>	<b>60.00</b>	<b>60.00</b>
<b>401K Repayment</b>	<b>180.78</b>	
<b>Garnishment</b>	<b>145.44</b>	

B6J (Official Form 6J) (12/07)

IN RE Mires, William Douglas & Mires, Carla Jo

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>2,700.00</u>
a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. Is property insurance included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ <u>350.00</u>
b. Water and sewer	\$ <u>70.00</u>
c. Telephone	\$ <u>335.00</u>
d. Other <b>Cable</b>	\$ <u>65.00</u>
3. Home maintenance (repairs and upkeep)	\$ <u>90.00</u>
4. Food	\$ <u>800.00</u>
5. Clothing	\$ <u>150.00</u>
6. Laundry and dry cleaning	\$ <u>75.00</u>
7. Medical and dental expenses	\$ <u>120.00</u>
8. Transportation (not including car payments)	\$ <u>460.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>100.00</u>
10. Charitable contributions	\$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ _____
b. Life	\$ _____
c. Health	\$ <u>60.00</u>
d. Auto	\$ <u>100.00</u>
e. Other _____	\$ _____
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) _____	\$ _____
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ _____
b. Other <b>Auto Lease</b>	\$ <u>803.00</u>
14. Alimony, maintenance, and support paid to others	\$ _____
15. Payments for support of additional dependents not living at your home	\$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____
17. Other _____	\$ _____
_____	\$ _____
_____	\$ _____

**18. AVERAGE MONTHLY EXPENSES** (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ <u>6,278.00</u>
--------------------

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

**None**

**20. STATEMENT OF MONTHLY NET INCOME**

a. Average monthly income from Line 15 of Schedule I	\$ <u>6,305.85</u>
b. Average monthly expenses from Line 18 above	\$ <u>6,278.00</u>
c. Monthly net income (a. minus b.)	\$ <u>27.85</u>

IN RE Mires, William Douglas & Mires, Carla Jo Case No. \_\_\_\_\_  
 Debtor(s) (If known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 25 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: August 6, 2010 Signature: /s/ William Douglas Mires  
William Douglas Mires Debtor  
 Date: August 6, 2010 Signature: /s/ Carla Jo Mires  
Carla Jo Mires (Joint Debtor, if any)  
 [If joint case, both spouses must sign.]

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer \_\_\_\_\_ Social Security No. (Required by 11 U.S.C. § 110.) \_\_\_\_\_  
*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address \_\_\_\_\_

Signature of Bankruptcy Petition Preparer \_\_\_\_\_ Date \_\_\_\_\_

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
Western District of Oklahoma**

IN RE:

Case No. \_\_\_\_\_

Mires, William Douglas & Mires, Carla JoChapter 7

Debtor(s)

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>64,000.00</b>	<b>YTD Income Estimated</b>
<b>117,000.00</b>	<b>2009 Income</b>
<b>96,796.00</b>	<b>2008 Income</b>

**2. Income other than from employment or operation of business**

- None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>1,200.00</b>	<b>YTD Income from child support estimated</b>
<b>3,000.00</b>	<b>2009 Income from Child Support</b>
<b>3,000.00</b>	<b>2008 Income from Child Support</b>

**3. Payments to creditors***Complete a. or b., as appropriate, and c.*

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850.\* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>CJ-09-694; Bank of New York Mellon v. William &amp; Carla Mires</b>	<b>Foreclosure</b>	<b>District Court of Canadian County, Oklahoma</b>	<b>Pending</b>
<b>CS-2010-368; Silver Collection Service v. William Mires</b>	<b>Debt Collection</b>	<b>District Court of Canadian County, Oklahoma</b>	<b>Default Judgment</b>
<b>CS-2010-487; Berlin-Wheeler v. Carla Mires</b>	<b>Breach of Contract</b>	<b>District Court of Canadian County, Oklahoma</b>	<b>Pending</b>

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
<b>Oklahoma Physical Therapy</b>	<b>2010</b>	<b>Garnishment of approximately \$2500.00</b>

**5. Repossessions, foreclosures and returns**

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**6. Assignments and receiverships**

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)



**7. Gifts**

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**8. Losses**

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>McBride &amp; Assoc, P.C.</b> <b>3035 Northwest 63rd St. Ste 229</b> <b>Oklahoma City, OK 73116</b>		<b>1,250.00</b>

**10. Other transfers**

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
<b>Roberts Auto Center</b> <b>None</b>	<b>August 2010</b>	<b>Motorcycle traded in on vehicle lease</b>

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

**11. Closed financial accounts**

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**12. Safe deposit boxes**

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**13. Setoffs**

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**14. Property held for another person**

- None ☒ List all property owned by another person that the debtor holds or controls.

**15. Prior address of debtor**

- None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**16. Spouses and Former Spouses**

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

**17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

- None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **August 6, 2010**

Signature /s/ William Douglas Mires  
of Debtor

**William Douglas Mires**

Date: **August 6, 2010**

Signature /s/ Carla Jo Mires  
of Joint Debtor  
(if any)

**Carla Jo Mires**

0 continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

B8 (Official Form 8) (12/08)

**United States Bankruptcy Court  
Western District of Oklahoma**

**IN RE:**

Case No. \_\_\_\_\_

**Mires, William Douglas & Mires, Carla Jo**Chapter **7**

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** – Debts secured by property of the estate. (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

Property No. 1	
<b>Creditor's Name:</b> <b>Bac Home Loans Servi</b>	<b>Describe Property Securing Debt:</b> <b>Residence</b>
Property will be ( <i>check one</i> ): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained  If retaining the property, I intend to ( <i>check at least one</i> ): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).  Property is ( <i>check one</i> ): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2 (if necessary)	
<b>Creditor's Name:</b>	<b>Describe Property Securing Debt:</b>
Property will be ( <i>check one</i> ): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained  If retaining the property, I intend to ( <i>check at least one</i> ): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).  Property is ( <i>check one</i> ): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

**PART B** – Personal property subject to unexpired leases. (*All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.*)

Property No. 1		
<b>Lessor's Name:</b> <b>RobCo</b>	<b>Describe Leased Property:</b> <b>Lease on 2009 Jeep Grand Cherokee</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_ continuation sheets attached (*if any*)

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date: **August 6, 2010****/s/ William Douglas Mires**

Signature of Debtor

**/s/ Carla Jo Mires**

Signature of Joint Debtor

United States Bankruptcy Court  
Western District of Oklahoma

IN RE:

Case No. \_\_\_\_\_

Mires, William Douglas & Mires, Carla Jo

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: August 6, 2010

Signature: /s/ William Douglas Mires  
**William Douglas Mires**

Debtor

Date: August 6, 2010

Signature: /s/ Carla Jo Mires  
**Carla Jo Mires**

Joint Debtor, if any

AFFILIATED ANESTHESIOLOGISTS INC  
4200 W MEMORIAL SUITE 703  
OKLAHOMA CITY OK 73120

AMERICAN COLLECTION SE  
3100 SW 59TH ST  
OKLAHOMA CITY OK 73119

AMERICAN COLLECTION SE  
POB 60566  
OKLAHOMA CITY OK 73146

AMERICAN GENERAL FINAN  
600 N ROYAL AVE  
EVANSVILLE IN 47715

AMEX  
PO BOX 981537  
EL PASO TX 79998

APRIA HEALTH CARE  
7353 COMPANY DRIVE  
INDIANAPOLIS IN 46237

ASSET ACCEPTANCE LLC  
PO BOX 2036  
WARREN MI 48090

AT THE BEACH  
P O BOX 827  
ENGLEWOOD CO 80151

BAC HOME LOANS SERVICI  
450 AMERICAN ST  
SIMI VALLEY CA 93065

BAER AND TIMBERLAKE  
ATTN MATTHEW HUDSPETH  
6846 S CANTON SUITE 100  
TULSA OK 74136

BANCFIRST  
PO BOX 26788  
OKLAHOMA CITY OK 73126

BANK OF OKLAHOMA NA  
BK OF OKLAHOMA TWR  
TULSA OK 74192

BAPTIST MEDICAL CENTER  
3300 NW EXPRESSWAY  
OKLAHOMA CITY OK 73112

BERLIN WHEELER  
PO BOX 463  
JEFFERSON CITY MO 65102

BERLIN-WHEELERINC-MO  
PO BOX 463  
JEFFERSON CITY MO 65102

BERLINWH-MO  
PO BOX 463  
JEFFERSON CITY MO 65102

CATHY CHRISTIANSEN  
2933 NW 138TH  
OKLAHOMA CITY OK 73134

CBSA  
123 7TH AVENUE CNTR  
STILLWATER OK 74074



CHASE  
PO BOX 15298  
WILMINGTON DE 19850

CHASE AUTO  
2000 MARCUS AVENUE  
NEW HYDE PARK NY 11042

CHASE/CC  
PO BOX 15298  
WILMINGTON DE 19850

CHICKASHA B AND  
POB 1307  
CHICKASHA OK 73023

CITI CBSB  
PO BOX 22066  
TEMPE AZ 85285

CITI/SHELL  
PO BOX 6497  
SIOUX FALLS SD 57117

CITIMORTGAGE INC  
PO BOX 9438  
GAITHERSBURG MD 20898

COLLECTION  
PO BOX 9133  
NEEDHAM MA 02494

CONTEMPORARY SPORTS MEDICINE  
PO BOX 20237  
OKLAHOMA CITY OK 73156

CREDIT PROTECTION ASSO  
13355 NOEL RD STE 2100  
DALLAS TX 75240

CREDIT SERVI  
POB 60566  
OKLAHOMA CITY OK 73146

DEACONESS PHYSICIAN SERVICES LLC  
5502 N PORTLAND AVE  
OKLAHOMA CITY OK 73112

DIAGNOSTIC LABORATORY OF OKLAHOMA  
P O BOX 1121  
SOUTHEASTERN PA 19398

FIRST NATIONWIDE MTG  
840 STILLWATER RD BLDG B  
WEST SACRAMENTO CA 95605

FRANKLIN COLLECTION SV  
2978 W JACKSON ST  
TUPELO MS 38801

FST USA BK B  
PO BOX 8650  
WILMINGTON DE 19899

GEMB/DILLARDS  
PO BOX 981400  
EL PASO TX 79998

GEMB/GE MONEY BANK LOW  
PO BOX 981400  
EL PASO TX 79998

GEMB/JCP  
PO BOX 981402  
EL PASO TX 79998

GINA KISHUR  
4901 RICHMOND SQUARE  
OKLAHOMA CITY OK 73118

GNB/STAGE  
1020 WILLOW CREED  
JACKSONVILLE TX 75766

HSBC BANK  
PO BOX 5253  
CAROL STREAM IL 60197

HSBC/RS  
POB 15521  
WILMINGTON DE 19805

JANA FERRELL AND ASSOC  
1432 W BRITTON RD STE 2  
OKLAHOMA CITY OK 73114

KENNETH HEELE MD  
10914 HEFNER POINT #200  
OKLAHOMA CITY OK 73120

LIBERTY NATIONAL BANK  
629 SW C AVE  
LAWTON OK 73501

LOCKHART MORRIS AND MONT  
833 E ARAPAHO RD  
RICHARDSON TX 75081

MERCY HEALTH CENTER  
PO BOX 504427  
ST LOUIS MO 63150

MERCY HEALTH NETWORK  
4401 MEMORIAL #140  
OKLAHOMA CITY OK 73134

MERCY HEALTH SYSTEMS  
PO BOX 638  
PARIS TN 38242

MERCY HEALTH SYSTEMS  
PO BOX 269010  
OKLAHOMA CITY OK 73126

METRO ANETHESIA  
PO BOX 18329  
OKLAHOMA CITY OK 73154

MIDFIRST BANK SSB  
501 W I 44 SERVICE ROAD  
OKLAHOMA CITY OK 73118

MIDLAND CREDIT MGMT  
8875 AERO DR  
SAN DIEGO CA 92123

MILLENIUM FINANCIAL GROUP  
5770 NW EXPRESSWAY #102  
OKLAHOMA CITY OK 73122

NCO FIN/38  
POB 13564  
PHILADELPHIA PA 19101

NORTHWEST ANESTHESIA PC  
PO BOX 26168  
OKLAHOMA CITY OK 73126

NORTHWEST INSTITUTE OF SPORTS MEDICINE  
4200 W MEMORIAL ROAD #1001  
OKLAHOMA CITY OK 73120

PHOENIX PHYSICIANS SERVICES INC  
4401 W MEMORIAL #121  
OKLAHOMA CITY OK 73134

PHYSICIANS SURGERY CENTER  
5925 NW 139TH STREET  
OKLAHOMA CITY OK 73142

PNC MORTGAGE  
3232 NEWARK DR  
MIAMISBURG OH 45342

PORTFOLIO RECVRY AND AFFIL  
120 CORPORATE BLVD STE 1  
NORFOLK VA 23502

RADIOLOGY CONSULTANTS  
PO BOX 9588  
OKLAHOMA CITY OK 73143

ROBCO  
1885 PIEDMONT ROAD  
PIEDMONT OK 73078

SALLIE MAE  
PO BOX 9500  
WILKES BARRE PA 18773

SANTIAGO REYES MD  
33616 NW EXPRESSWAY #330  
OKLAHOMA CITY OK 73112

SEARS/CBSD  
701 EAST 60TH ST N  
SIOUX FALLS SD 57117

SILVER COLLECTION  
1234 NW 30TH ST  
OKLAHOMA CITY OK 73118

SILVER COLLECTION SERVICE  
4045 NW 64TH SUITE 510  
OKLAHOMA CITY OK 73116

SPIEGEL  
101 CROSSWAY PARK WEST  
WOODBURY NY 11797

SURGICAL SPECIALIST PLLC  
PO BOX 7570  
EDMOND OK 73083

THD/CBSD  
PO BOX 6497  
SIOUX FALLS SD 57117

TULSA ADJUSTMENT BUREAU  
1754 UTICA SQ # 283  
TULSA OK 74114

WFFINANCIAL  
800 WALNUT ST  
DES MOINES IA 50309

**United States Bankruptcy Court  
Western District of Oklahoma**

**IN RE:****Mires, William Douglas & Mires, Carla Jo**

Debtor(s)

Case No. \_\_\_\_\_

Chapter **7** \_\_\_\_\_

**PAY ADVICE COVERSHEET**

The attached pay information is filed on behalf of the debtors. The pay advices were received as follows:

Employer	Beginning Date	Ending Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Filed on the **6th** Day of **August**, **2010**

By: /s/ Teresa D. Gerber  
(signature)

**Teresa D. Gerber**  
**McBride & Assoc, P.C.**  
**3035 Northwest 63rd St. Ste 229**  
**Oklahoma City, OK 73116**  
**(405) 842-7626**

Printed Name, Address, Phone

☒ Attorney for Debtor(s) OBA# **21676**

☐ Pro se debtor

Employee WILLIAM D MIRE, 13524 DEER CREEK DR., PIEDMONT, OK 73078				SSN	Status (Fed/State) Single/Single	Allowances/Extra Fed-3/0/OK-3/0 Pay Date: 05/07/2010	
				Pay Period: 04/23/2010 - 05/06/2010			
Earnings and Hours	Qty	Rate	Current	YTD Amount	Paid Time Off	YTD Used	Available
Salary	80:00		2,500.00	22,406.25	Sick	3:00	53:00
Sick Salary			0.00	93.75	Vacation	0:00	80:00
			2,500.00	22,500.00			
Deductions From Gross				Current	YTD Amount	Non-taxable Company Items	
Emp 401(k) Contribution				-100.00	-900.00	Current	YTD Amount
						100.00	900.00
						30.00	270.00
Taxes				Current	YTD Amount		
Federal Withholding				-313.00	-2,817.00		
Social Security Employee				-155.00	-1,395.00		
Medicare Employee				-36.25	-326.25		
OK - Withholding				-105.00	-945.00		
				-609.25	-5,483.25		
Adjustments to Net Pay				Current	YTD Amount		
HSA Contribution - Emp				-30.00	-270.00		
401(k) Loan Pymnt				-90.39	-813.51		
				-120.39	-1,083.51		
Net Pay				1,670.36	15,033.24		

UNION MUTUAL INSURANCE COMPANY, P.O. Drawer 720080, Oklahoma City, Oklahoma 73172

PRODUCT DLT103

USE WITH 91663 ENVELOPE

MCBEE To Reorder: 1-800-662-2331 or www.mcbeeinc.com

PRINTED IN USA

A

UNION MUTUAL INSURANCE CO.

4759

Employee WILLIAM D MIRE, 13524 DEER CREEK DR., PIEDMONT, OK 73078				SSN	Status (Fed/State) Single/Single	Allowances/Extra Fed-3/0/OK-3/0 Pay Date: 05/21/2010	
				Pay Period: 05/07/2010 - 05/20/2010			
Earnings and Hours	Qty	Rate	Current	YTD Amount	Paid Time Off	YTD Used	Available
Salary	80:00		2,500.00	24,906.25	Sick	3:00	53:00
Sick Salary			0.00	93.75	Vacation	0:00	80:00
			2,500.00	25,000.00			
Deductions From Gross				Current	YTD Amount	Non-taxable Company Items	
Emp 401(k) Contribution				-100.00	-1,000.00	Current	YTD Amount
						100.00	1,000.00
						30.00	300.00
Taxes				Current	YTD Amount		
Federal Withholding				-313.00	-3,130.00		
Social Security Employee				-155.00	-1,550.00		
Medicare Employee				-36.25	-362.50		
OK - Withholding				-105.00	-1,050.00		
				-609.25	-6,092.50		
Adjustments to Net Pay				Current	YTD Amount		
HSA Contribution - Emp				-30.00	-300.00		
401(k) Loan Pymnt				-90.39	-903.90		
				-120.39	-1,203.90		
Net Pay				1,670.36	16,703.60		

UNION MUTUAL INSURANCE COMPANY, P.O. Drawer 720080, Oklahoma City, Oklahoma 73172

PRODUCT DLT103

USE WITH 91663 ENVELOPE

MCBEE To Reorder: 1-800-662-2331 or www.mcbeeinc.com

PRINTED IN USA

A



Employee				SSN	Status (Fed/State)	Allowances/Extra	
WILLIAM D MIRES, 13524 DEER CREEK DR., PIEDMONT, OK 73078					Single/Single	Fed-3/0/OK-3/0	
				Pay Period: 05/21/2010 - 06/03/2010		Pay Date: 06/04/2010	
Earnings and Hours				Qty	Rate	Current	YTD Amount
Salary				72:00		2,250.00	27,156.25
Sick Salary				8:00		250.00	343.75
						2,500.00	27,500.00
Deductions From Gross						Current	YTD Amount
Emp 401(k) Contribution						-100.00	-1,100.00
Taxes						Current	YTD Amount
Federal Withholding						-313.00	-3,443.00
Social Security Employee						-155.00	-1,705.00
Medicare Employee						-36.25	-398.75
OK - Withholding						-105.00	-1,155.00
						-609.25	-6,701.75
Adjustments to Net Pay						Current	YTD Amount
HSA Contribution - Emp						-30.00	-330.00
401(k) Loan Pymnt						-90.39	-994.29
						-120.39	-1,324.29
Net Pay						1,670.36	18,373.96

Paid Time Off		YTD Used	Available
Sick		11:00	45:00
Vacation		0:00	80:00
Non-taxable Company Items		Current	YTD Amount
Comp 401(k) Contribution		100.00	1,100.00
HSA Contribution - Comp		30.00	330.00

UNION MUTUAL INSURANCE COMPANY, P.O. Drawer 720060, Oklahoma City, Oklahoma 73172

PRODUCT DLT103 USE WITH 91663 ENVELOPE MCBEE To Reorder: 1-800-662-2331 or www.mcbeeinc.com

PRINTED IN USA

A

## UNION MUTUAL INSURANCE CO.

4861

Employee				SSN	Status (Fed/State)	Allowances/Extra	
WILLIAM D MIRES, 13524 DEER CREEK DR., PIEDMONT, OK 73078					Single/Single	Fed-3/0/OK-3/0	
				Pay Period: 06/04/2010 - 06/17/2010		Pay Date: 06/18/2010	
Earnings and Hours				Qty	Rate	Current	YTD Amount
Salary				76:00		2,375.00	29,531.25
Sick Salary				4:00		125.00	468.75
						2,500.00	30,000.00
Deductions From Gross						Current	YTD Amount
Emp 401(k) Contribution						-100.00	-1,200.00
Taxes						Current	YTD Amount
Federal Withholding						-313.00	-3,756.00
Social Security Employee						-155.00	-1,860.00
Medicare Employee						-36.25	-435.00
OK - Withholding						-105.00	-1,260.00
						-609.25	-7,311.00
Adjustments to Net Pay						Current	YTD Amount
HSA Contribution - Emp						-30.00	-360.00
401(k) Loan Pymnt						-90.39	-1,084.68
						-120.39	-1,444.68
Net Pay						1,670.36	20,044.32

Paid Time Off		YTD Used	Available
Sick		15:00	41:00
Vacation		0:00	80:00
Non-taxable Company Items		Current	YTD Amount
Comp 401(k) Contribution		100.00	1,200.00
HSA Contribution - Comp		30.00	360.00

UNION MUTUAL INSURANCE COMPANY, P.O. Drawer 720060, Oklahoma City, Oklahoma 73172

PRODUCT DLT103 USE WITH 91663 ENVELOPE MCBEE To Reorder: 1-800-662-2331 or www.mcbeeinc.com

PRINTED IN USA

A

Employee WILLIAM D MIRES, 13524 DEER CREEK DR., PIEDMONT, OK 73078				SSN	Status (Fed/State) Single/Single	Allowances/Extra Fed-3/0/OK-3/0 Pay Date: 07/02/2010	
Earnings and Hours				Qty	Rate	Current	YTD Amount
Salary	77:00		2,406.25			31,937.50	
Sick Salary	3:00		93.75			562.50	
			2,500.00			32,500.00	
Deductions From Gross				Current	YTD Amount	Non-taxable Company Items	
Emp 401(k) Contribution			-100.00		-1,300.00	Current	YTD Amount
						Comp 401(k) Contribution	100.00 1,300.00
						HSA Contribution - Comp	30.00 390.00
Taxes				Current	YTD Amount	Paid Time Off	
Federal Withholding			-313.00		-4,069.00	YTD Used	Available
Social Security Employee			-155.00		-2,015.00	Sick	18:00 38:00
Medicare Employee			-36.25		-471.25	Vacation	0:00 80:00
OK - Withholding			-105.00		-1,365.00		
			-609.25		-7,920.25		
Adjustments to Net Pay				Current	YTD Amount	Non-taxable Company Items	
HSA Contribution - Emp			-30.00		-390.00	Current	YTD Amount
401(k) Loan Pymnt			-90.39		-1,175.07	Comp 401(k) Contribution	100.00 1,300.00
			-120.39		-1,565.07	HSA Contribution - Comp	30.00 390.00
Net Pay			1,670.36		21,714.68		

UNION MUTUAL INSURANCE COMPANY, P.O. Drawer 720060, Oklahoma City, Oklahoma 73172

PRODUCT DLT103

USE WITH 91663 ENVELOPE

MCBEE To Reorder: 1-800-662-2331 or www.mcbecinc.com

PRINTED IN USA

A

## UNION MUTUAL INSURANCE CO.

4957

Employee WILLIAM D MIRES, 13524 DEER CREEK DR., PIEDMONT, OK 73078				SSN	Status (Fed/State) Single/Single	Allowances/Extra Fed-3/0/OK-3/0 Pay Date: 07/16/2010	
Earnings and Hours				Qty	Rate	Current	YTD Amount
Salary	80:00		2,500.00			34,437.50	
Sick Salary			0.00			562.50	
			2,500.00			35,000.00	
Deductions From Gross				Current	YTD Amount	Paid Time Off	
Emp 401(k) Contribution			-100.00		-1,400.00	YTD Used	Available
						Sick	18:00 38:00
						Vacation	0:00 80:00
Taxes				Current	YTD Amount	Non-taxable Company Items	
Federal Withholding			-313.00		-4,382.00	Current	YTD Amount
Social Security Employee			-155.00		-2,170.00	Comp 401(k) Contribution	100.00 1,400.00
Medicare Employee			-36.25		-507.50	HSA Contribution - Comp	30.00 420.00
OK - Withholding			-105.00		-1,470.00		
			-609.25		-8,529.50		
Adjustments to Net Pay				Current	YTD Amount	Non-taxable Company Items	
HSA Contribution - Emp			-30.00		-420.00	Current	YTD Amount
401(k) Loan Pymnt			-90.39		-1,265.46	Comp 401(k) Contribution	100.00 1,400.00
Garnishment			-472.69		-472.69	HSA Contribution - Comp	30.00 420.00
			-593.08		-2,158.15		
Net Pay			1,197.67		22,912.35		

UNION MUTUAL INSURANCE COMPANY, P.O. Drawer 720060, Oklahoma City, Oklahoma 73172

PRODUCT DLT103

USE WITH 91663 ENVELOPE

MCBEE To Reorder: 1-800-662-2331 or www.mcbecinc.com

PRINTED IN USA

A

Employee					SSN	Status (Fed/State)	Allowances/Extra	
WILLIAM D MIRES, 13524 DEER CREEK DR., PIEDMONT, OK 73078						Single/Single	Fed-3/0/OK-3/0	
					Pay Period: 07/16/2010 - 07/29/2010		Pay Date: 07/30/2010	
Earnings and Hours		Qty	Rate	Current	YTD Amount			
Salary		80:00		2,500.00	36,937.50	Net Pay		
Sick Salary				0.00	562.50	1,197.67		
				2,500.00	37,500.00	24,110.02		
						Paid Time Off		
						YTD Used		
						Available		
						Sick		
						18:00		
						38:00		
						Vacation		
						0:00		
						80:00		
						Non-taxable Company Items		
						Current		
						YTD Amount		
						Comp 401(k) Contribution		
						100.00		
						1,500.00		
						HSA Contribution - Comp		
						30.00		
						450.00		

UNION MUTUAL INSURANCE COMPANY, P.O. Drawer 720060, Oklahoma City, Oklahoma 73172

PRODUCT DLT103

USE WITH 91663 ENVELOPE

MCBEE To Reorder: 1-800-662-2331 or www.mcbeeinc.com

PRINTED IN USA

A

## Employee

CARLA MIRE, 13524 DEER CREEK, PIEDMONT, OK 73078

Status (Fed/State)

Married/Married

Allowances/Extra

Fed-6/0/OK-6/0

Pay Date: 05/07/2010

## Earnings and Hours

	Qty	Rate	Current	YTD Amount
Salary	75:00		1,703.73	16,105.91
Sick Salary	5:00		113.58	249.88
			1,817.31	16,355.79

Pay Period: 04/23/2010 - 05/06/2010

HSA Contribution - Comp

30.00

270.00

## Taxes

	Current	YTD Amount
Federal Withholding	-46.00	-414.00
Social Security Employee	-112.67	-1,014.06
Medicare Employee	-26.35	-237.16
OK - Withholding	-47.00	-423.00
	-232.02	-2,088.22

## Adjustments to Net Pay

	Current	YTD Amount
HSA Contribution - Emp	-30.00	-270.00

## Net Pay

1,555.29 13,997.57

## Paid Time Off

	YTD Used	Available
Sick	11:00	45:00
Vacation	0:00	80:00

## Non-taxable Company Items

	Current	YTD Amount
--	---------	------------

UNION MUTUAL INSURANCE COMPANY, P.O. Drawer 720060, Oklahoma City, Oklahoma 73172

PRODUCT DLT103

USE WITH 91663 ENVELOPE

MCBEE To Reorder: 1-800-662-2331 or www.mcbeeinc.com

PRINTED IN USA

A

## UNION MUTUAL INSURANCE CO.

4758

## Employee

CARLA MIRE, 13524 DEER CREEK, PIEDMONT, OK 73078

SSN

Status (Fed/State)

Married/Married

Allowances/Extra

Fed-6/0/OK-6/0

Pay Date: 05/21/2010

## Earnings and Hours

	Qty	Rate	Current	YTD Amount
Salary	80:00		1,817.31	17,923.22
Sick Salary			0.00	249.88
			1,817.31	18,173.10

Pay Period: 05/07/2010 - 05/20/2010

HSA Contribution - Comp

30.00

300.00

## Taxes

	Current	YTD Amount
Federal Withholding	-46.00	-460.00
Social Security Employee	-112.67	-1,126.73
Medicare Employee	-26.35	-263.51
OK - Withholding	-47.00	-470.00
	-232.02	-2,320.24

## Adjustments to Net Pay

	Current	YTD Amount
HSA Contribution - Emp	-30.00	-300.00

## Net Pay

1,555.29 15,552.86

## Paid Time Off

	YTD Used	Available
Sick	11:00	45:00
Vacation	0:00	80:00

## Non-taxable Company Items

	Current	YTD Amount
--	---------	------------

UNION MUTUAL INSURANCE COMPANY, P.O. Drawer 720060, Oklahoma City, Oklahoma 73172

PRODUCT DLT103

USE WITH 91663 ENVELOPE

MCBEE To Reorder: 1-800-662-2331 or www.mcbeeinc.com

PRINTED IN USA

A

## Employee

CARLA MIRE, 13524 DEER CREEK, PIEDMONT, OK 73078

SSN

Status (Fed/State)

Married/Married

Allowances/Extra

Fed-6/0/OK-6/0

Pay Period: 05/21/2010 - 06/03/2010

Pay Date: 06/04/2010

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary	48:00		1,090.38	19,013.60
Sick Salary	4:00		90.87	340.75
Vacation Salary	28:00		636.06	636.06
			1,817.31	19,990.41

## Non-taxable Company Items

HSA Contribution - Comp

Current	YTD Amount
30.00	330.00

Taxes	Current	YTD Amount
Federal Withholding	-46.00	-506.00
Social Security Employee	-112.68	-1,239.41
Medicare Employee	-26.35	-289.86
OK - Withholding	-47.00	-517.00
	-232.03	-2,552.27

Adjustments to Net Pay	Current	YTD Amount
HSA Contribution - Emp	-30.00	-330.00

Net Pay 1,555.28 17,108.14

Paid Time Off	YTD Used	Available
Sick	15:00	41:00
Vacation	28:00	52:00

UNION MUTUAL INSURANCE COMPANY, P.O. Drawer 720060, Oklahoma City, Oklahoma 73172

PRODUCT DLT103

USE WITH 91663 ENVELOPE

MCBEE To Reorder: 1-800-662-2331 or www.mcbceinc.com

PRINTED IN USA

A

## UNION MUTUAL INSURANCE CO.

4860

## Employee

CARLA MIRE, 13524 DEER CREEK, PIEDMONT, OK 73078

SSN

Status (Fed/State)

Married/Married

Allowances/Extra

Fed-6/0/OK-6/0

Pay Period: 06/04/2010 - 06/17/2010

Pay Date: 06/18/2010

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary	77:00		1,749.16	20,762.76
Sick Salary	3:00		68.15	408.90
Vacation Salary			0.00	636.06
			1,817.31	21,807.72

## Non-taxable Company Items

HSA Contribution - Comp

Current	YTD Amount
30.00	360.00

Taxes	Current	YTD Amount
Federal Withholding	-46.00	-552.00
Social Security Employee	-112.67	-1,352.08
Medicare Employee	-26.35	-316.21
OK - Withholding	-47.00	-564.00
	-232.02	-2,784.29

Adjustments to Net Pay	Current	YTD Amount
HSA Contribution - Emp	-30.00	-360.00

Net Pay 1,555.29 18,663.43

Paid Time Off	YTD Used	Available
Sick	18:00	38:00
Vacation	28:00	52:00

UNION MUTUAL INSURANCE COMPANY, P.O. Drawer 720060, Oklahoma City, Oklahoma 73172

PRODUCT DLT103

USE WITH 91663 ENVELOPE

MCBEE To Reorder: 1-800-662-2331 or www.mcbceinc.com

PRINTED IN USA

A

Case:10-14832 Doc:1 Filed: 08/06/10 Page: 68 of 71

Employee	SSN	Status (Fed/State)	Allowances/Extra				
CARLA MIRES, 13524 DEER CREEK, PIEDMONT, OK 73078	***	Married/Married	Fed-6/0/OK-6/0				
		Pay Period: 06/18/2010 - 07/01/2010	Pay Date: 07/02/2010				
Earnings and Hours	Qty	Rate	Current	YTD Amount			
Salary	77:00		1,749.16	22,511.92	Non-taxable Company Items	Current	YTD Amount
Sick Salary	3:00		68.15	477.05	HSA Contribution - Comp	30.00	390.00
Vacation Salary			0.00	636.06			
			1,817.31	23,625.03			
Taxes			Current	YTD Amount			
Federal Withholding			-46.00	-598.00			
Social Security Employee			-112.67	-1,464.75			
Medicare Employee			-26.35	-342.56			
OK - Withholding			-47.00	-611.00			
			-232.02	-3,016.31			
Adjustments to Net Pay			Current	YTD Amount			
HSA Contribution - Emp			-30.00	-390.00			
Net Pay			1,555.29	20,218.72			
Paid Time Off			YTD Used	Available			
Sick			21:00	35:00			
Vacation			28:00	52:00			

Non-taxable Company Items	Current	YTD Amount
HSA Contribution - Comp	30.00	390.00

UNION MUTUAL INSURANCE COMPANY, P.O. Drawer 720060, Oklahoma City, Oklahoma 73172

PRODUCT DLT103

USE WITH 91663 ENVELOPE

MCBEE To Reorder: 1-800-662-2331 or www.mcbeeinc.com

PRINTED IN USA

A

## UNION MUTUAL INSURANCE CO.

4933

Employee					SSN	Status (Fed/State)	Allowances/Extra	
CARLA MIRES, 13524 DEER CREEK, PIEDMONT, OK 73078						Married/Married	Fed-6/0/OK-6/0	
					Pay Period: 07/02/2010 - 07/15/2010		Pay Date: 07/16/2010	
Earnings and Hours	Qty	Rate	Current	YTD Amount	Non-taxable Company Items		Current	YTD Amount
Salary	76:00		1,726.44	24,238.36	HSA Contribution - Comp		30.00	420.00
Sick Salary	4:00		90.87	567.92				
Vacation Salary			0.00	636.06				
			1,817.31	25,442.34				
Taxes			Current	YTD Amount				
Federal Withholding			-46.00	-644.00				
Social Security Employee			-112.68	-1,577.43				
Medicare Employee			-26.35	-368.91				
OK - Withholding			-47.00	-658.00				
			-232.03	-3,248.34				
Adjustments to Net Pay			Current	YTD Amount				
HSA Contribution - Emp			-30.00	-420.00				
Net Pay			1,555.28	21,774.00				
Paid Time Off			YTD Used	Available				
Sick			25:00	31:00				
Vacation			28:00	52:00				

Non-taxable Company Items	Current	YTD Amount
HSA Contribution - Comp	30.00	420.00

UNION MUTUAL INSURANCE COMPANY, P.O. Drawer 720060, Oklahoma City, Oklahoma 73172

PRODUCT DLT103

USE WITH 91663 ENVELOPE

MCBEE To Reorder: 1-800-662-2331 or www.mcbeeinc.com

PRINTED IN USA

A

Case: 10-14632 Doc. 1 Filed: 08/09/10 Page: 09 of 71

Employee	SSN	Status (Fed/State)	Allowances/Extra				
CARLA MIREs, 13524 DEER CREEK, PIEDMONT, OK 73078		Married/Married	Fed-6/0/OK-6/0				
Pay Period: 07/16/2010 - 07/29/2010		Pay Date: 07/30/2010					
Earnings and Hours	Qty	Rate	Current	YTD Amount	Non-taxable Company Items	Current	YTD Amount
Salary	80:00		1,817.31	26,055.67	HSA Contribution - Comp	30.00	450.00
Sick Salary			0.00	567.92			
Vacation Salary			0.00	636.06			
			1,817.31	27,259.65			
Taxes			Current	YTD Amount			
Federal Withholding			-46.00	-690.00			
Social Security Employee			-112.67	-1,690.10			
Medicare Employee			-26.35	-395.26			
OK - Withholding			-47.00	-705.00			
			-232.02	-3,480.36			
Adjustments to Net Pay			Current	YTD Amount			
HSA Contribution - Emp			-30.00	-450.00			
Net Pay			1,555.29	23,329.29			
Paid Time Off			YTD Used	Available			
Sick			25:00	31:00			
Vacation			28:00	52:00			

UNION MUTUAL INSURANCE COMPANY, P.O. Drawer 720060, Oklahoma City, Oklahoma 73172

PRODUCT DLT103

USE WITH 91663 ENVELOPE

MCBEE To Reorder: 1-800-662-2331 or www.mcbeeinc.com

PRINTED IN USA

A

**Mires, William Douglas & Mires, Carla Jo**  
Paycheck Summary Worksheet

**Union Mutual Insurance Co.**

Date	Earnings	Taxes	Other	Net Ck	Form B22	Diagnostic / Notes
2010-02-12	2,500.00	609.25	220.39	1,670.36	416.67	
2010-02-26	2,500.00	609.25	220.39	1,670.36	416.67	
2010-03-12	2,500.00	609.25	220.39	1,670.36	416.67	
2010-03-26	2,500.00	609.25	220.39	1,670.36	416.67	
2010-04-09	2,500.00	609.25	220.39	1,670.36	416.67	
2010-04-23	2,500.00	609.25	220.39	1,670.36	416.67	
2010-05-07	2,500.00	609.25	220.39	1,670.36	416.67	
2010-05-21	2,500.00	609.25	220.39	1,670.36	416.67	
2010-06-04	2,500.00	609.25	220.39	1,670.36	416.67	
2010-06-18	2,500.00	609.25	220.39	1,670.36	416.67	
2010-07-02	2,500.00	609.25	220.39	1,670.36	416.67	
2010-07-16	2,500.00	609.25	220.39	1,670.36	416.67	
2010-07-30	2,500.00	609.25	220.39	1,670.36	416.63	
Hash total:	32,500.00	7,920.25	2,865.07	21,714.68	5,416.67	
<b>DEBTOR:</b>	<u>32,500.00</u>	<u>7,920.25</u>	<u>2,865.07</u>	<u>21,714.68</u>	<u>5,416.67</u>	

**Union Mutual Insurance Co.**

Date	Earnings	Taxes	Other	Net Ck	Form B22	Diagnostic / Notes
2010-02-12	1,817.31	232.02	30.00	1,555.29	302.89	
2010-02-26	1,817.31	232.02	30.00	1,555.29	302.89	
2010-03-12	1,817.31	232.03	30.00	1,555.28	302.89	
2010-03-26	1,817.31	232.03	30.00	1,555.28	302.89	
2010-04-09	1,817.31	232.02	30.00	1,555.29	302.89	
2010-04-23	1,817.31	232.03	30.00	1,555.28	302.89	
2010-05-07	1,817.31	232.02	30.00	1,555.29	302.89	
2010-05-21	1,817.31	232.02	30.00	1,555.29	302.89	
2010-06-04	1,817.31	232.03	30.00	1,555.28	302.89	
2010-06-18	1,817.31	232.02	30.00	1,555.29	302.89	
2010-07-02	1,817.31	232.02	30.00	1,555.29	302.89	
2010-07-16	1,817.31	232.03	30.00	1,555.28	302.89	
2010-07-30	1,817.31	232.02	30.00	1,555.29	302.83	
Hash total:	23,625.03	3,016.31	390.00	20,218.72	3,937.51	
<b>SPOUSE:</b>	<u>23,625.03</u>	<u>3,016.31</u>	<u>390.00</u>	<u>20,218.72</u>	<u>3,937.51</u>	



**Mires, William Douglas & Mires, Carla Jo**  
Deduction Summary Worksheet

**By Paycheck Deduction**

Paycheck Deduction	Form B22 Line Assignment	Amount	Adjustment	Net	Form B22
<input checked="" type="checkbox"/> 401K	Mandatory payroll deductions	216.67	0.00	216.67	216.67
<input type="checkbox"/> 401K Repayment	Mandatory payroll deductions	195.85	0.00	195.85	
<input checked="" type="checkbox"/> Federal withholding tax	Taxes	777.83	0.00	777.83	777.83
<input checked="" type="checkbox"/> HSA	Health care	130.00	0.00	130.00	130.00
<input checked="" type="checkbox"/> Medicare	Taxes	135.64	0.00	135.64	135.64
<input checked="" type="checkbox"/> Social security	Taxes	579.96	0.00	579.96	579.96
<input checked="" type="checkbox"/> State withholding tax	Taxes	329.33	0.00	329.33	329.33
Monthly total:		<u>2,365.28</u>	<u>0.00</u>	<u>2,365.28</u>	<u>2,169.43</u>

**By Form B22 Line Assignment**

Form B22 Line Assignment	Amount
Health care	130.00
Mandatory payroll deductions	216.67
Taxes	<u>1,822.76</u>
Total monthly deduction(s):	<u><b>2,169.43</b></u>